

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
SAUER	ANTHONY	PAUL	( 916 ) 558-5800
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
721 CAPITOL MALL	SACRAMENTO	CA 95814	tsauer@dor.ca.gov

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Rehabilitation

Division, Board, District, if applicable:

Office of the Director

Your Position:

State Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office

Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/26/09

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

**SCHEDULE A-1**  
**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Anthony Paul Sauer</b>

<p>► NAME OF BUSINESS ENTITY <b>IBM</b></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <b>Stock</b></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08    01/25/08 ACQUIRED    DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08    ____/_____/08 ACQUIRED    DISPOSED</p>
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**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Anthony Paul Sauer

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08

ACQUIRED

\_\_\_\_/\_\_\_\_/08

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08

ACQUIRED

\_\_\_\_/\_\_\_\_/08

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Anthony Paul Sauer

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>▶ NAME OF SOURCE <u>Commonwealth of the Northern Mariana Islands CNMI</u></p> <p>ADDRESS <u>PO Box 501521</u></p> <p>CITY AND STATE <u>Saipan, MP 96950-1521</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Federal Government</u></p> <p>DATE(S): <u>10 / 23 / 08 - 10 / 31 / 08</u> AMT: \$ <u>10,218.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>CNMI reimbursed for travel expenses to be keynote speaker.</u></p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: In October 2008, I was the Keynote Speaker at Saipan's National Disability Awareness Month Summit.  
They paid for travel expenses only and personal assistant expenses, no honorarium or fee was received.